APPLICATION FOR MEMBERSHIP

Mission: The Food Bank of Northern Indiana works in partnership with the community to feed the hungry, increase awareness of the effects of hunger and lead programs designed to alleviate hunger. The Food Bank of Northern Indiana serves Elkhart, Kosciusko, LaPorte, Marshall, Starke, and St. Joseph Counties and is a member of Feeding America, Feeding Indiana’s Hungry (FISH) and United Way.

Nonprofit organizations wishing to receive food from the Food Bank of Indiana (FBNI) to distribute to people in need must apply to become a Partner Agency.

To apply your organization must:

- **Submit a $25 non-refundable application fee.**
- **Have a 501 (c) (3) nonprofit designation from the Internal Revenue Service (include copy of IRS letter with application)**
  - Religious organizations must include either the IRS 501 (c) (3) letter OR a letter from the denomination’s headquarters stating that the organization applying for membership is one in good standing in that denomination. If a letter is sent from the organization’s headquarters, the headquarters must also send a letter from the IRS verifying their own 501 (c) (3) status
- **Have a history and records of distributing food, goods, or services to those in need (include documentation with application)**
  - If there is a history of food distribution, agency does not, and will not require the recipient to pay, pray, or work in order to eat or gain admission to the food distribution
- **Have a regularly scheduled distribution time established on a weekly or monthly basis.**
- **Have a clean building with pest control, including safe, well-lit dry and cold food storage**
- **Program staff and volunteers need to have food safety training**
- **Have financial ability (a sustainable budget) to obtain foods listed on our shopping list and in our shopping area (please include copy of budget with application)**
- **Agree to spend minimum of $1,000.00 (or greater) annually with FBNI**

If you are interested in becoming a Partner Agency, please complete the following application and return with necessary documents. Please contact Brandy Love at blove@feedindiana.org with questions.
PART 1 – AGENCY CONTACT INFORMATION—

Name of Organization: ____________________________________________________

Name as it appears on IRS 501 (c) (3) _______________________________________

Mailing/Billing Address: ___________________________________________________

(Please note, Billing cannot go to a private home. All written correspondence and billing must go to mailing address or Post Office Box)

Physical Address and telephone number:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

** Does your Agency have multiple sites? If so, provide above information for each site on a separate piece of paper

Agency Director:_________________________________ Phone number:_______________
Email___________________________________________

Program Contact:_______________________________ Phone number:___________________
Email___________________________________________

** Please note, all official correspondence will be electronic via email

Persons authorized to order or pick-up food (Agency Director, Agency Contact and two [2] others)

Name: _________________________________________ Phone number:___________________

Name: _________________________________________ Phone number:___________________

Name: _________________________________________ Phone number:___________________

Name: _________________________________________ Phone number:___________________

Name: _________________________________________ Phone number:___________________
PART 2 – AGENCY INFORMATION –

Type of Partner Agency: __________________________________________________________

(Pantry, Shelter, Soup Kitchen, Non-Emergency Residential Program, Non-Emergency Internal Pantry, Non-Emergency Day Program, please refer to Membership Requirements and Application Information for program definitions)

Is your organization an affiliate of a larger organization? If yes, please provide name and address of organization____________________________________________________________________
_______________________________________________________________________________

Date your program began:_______________________

Date IRS 501(c) (3) was issued: ___________________

Employer Identification Number: __________________

Does organization have Board of Directors? ______ If yes, please attach roster of Board Members

Name and address of organization’s bank:
________________________________________________
____________________________________

Please describe your agency’s purpose or mission statement:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Please list any services you provide other than food :
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Hours of operation – What hours will your pantry be open to distribute food? We require that you are open at two (2) hours a month minimum.
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

3 | P a g e
Please define the geographic area or zip code(s) your program plans to serve. Keep in mind there is a possibility that there are other programs in the area providing food assistance.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

List any organizations that are also providing a food program in your service area
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Approximately what percentage of food served or distributed by your program will come from the Food Bank of Northern Indiana? __________________________________________

How many staff members will be involved in your food distribution program?
Paid___________________________________   Volunteers____________________________________

Please be advised that all paperwork, including FBNI invoices, must be kept on file for three (3) years plus the current year. These papers will be needed for site visits. Please describe how your organization will maintain recordkeeping (Include use of computer programs, file cabinets, or binders, etc.)
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Food Storage Areas
Total number of Freezers __________
Total number of Refrigerators __________
Describe dry storage
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Describe how your organization will store fresh produce (fruits and vegetables)
_______________________________________________________________________________
__________________________________________________________________________________

Describe pest control plan
__________________________________________________________________________________

How will the community be aware of the existence of your program?
_______________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

PART 3 – Food Pantries Only

Describe your pantry’s “client choice” experience
_______________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

How many days will the food you give client last the client? ______________________________

Describe what you would put in a bag of food for a family of four if you were packing it with what you have today
_______________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
Application Check List – MUST SUBMIT ALL REQUIRED DOCUMENTS

Please include as part of application process:

_____ $25 non-refundable application fee
_____ Completed and signed application
_____ Copy of IRS letter with 501 (c) (3) designation
_____ Documentation of food distribution
_____ Copy of budget for prospective agency (How you intend to pay for FBNI services)
_____ If applicable, copy of organization’s Board of Directors

Upon review of the above information, FBNI will determine if your organization aligns with our mission. An on-site inspection will be conducted by FBNI Agency Relations. Upon approval of site, your organization will be approved to become a Partner Agency.

Organization Director’s Signature_________________________________________ Date_______
Organization Director’s Printed Name_________________________________________ Date_______